

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 12289	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Randall J Mayhew P.O. Box, Bldg., Room No., if any Street 1110 Mermaid Drive City Annapolis State Maryland ZIP Code +4 21401	4. Name, file number, and address of labor organization. Name Laborers' International Union of North America Labor Organization File Number 000-131 P.O. Box, Building and Room Number, if any Street 905 16th Street, NW City Washington State District of Columbia ZIP Code +4 20006
5. Position in labor organization. Director of Organizing	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/9/2005

(202) 942-2368

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Laborers' Health and Safety Fund (LHSFNA)

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides health and safety services to LIUNA signatory contractors and LIUNA Health and Welfare Funds.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

1-8-04 Had dinner \$94.74
3-29-04 Had dinner \$195.70
5-10-04 Had dinner \$92.52
9-27-04 Had dinner \$75.27

12.b. Amount.

\$458

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing Randall Mayhew

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Laborers-Employers Cooperation and Ed Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Laborers-Employers Cooperation and Education Trust (LECET) secures projects and jobs, increases union-sector market share, advertises their services, develops a workforce, and advances shared market related interests

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

2-17-04 Had lunch \$34.14

2-18-04 Had breakfast \$26.69

12.b. Amount.

\$60

August 10, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, DC 20210

**RE: Form LM-30 Filing for Randall J. Mayhew, Labor Organization File
No. 000-131**

Dear Sir or Madam:

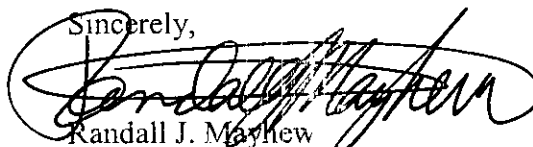
Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to see systematic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and reverse its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in the circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that received in 2004.

Sincerely,

A handwritten signature in black ink, appearing to read "Randall J. Mayhew", is written over a circular stamp or seal.

Randall J. Mayhew
LIUNA Director of Organizing
1110 Mermaid Drive
Annapolis, MD 21401

Enclosure